

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20871

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. 5024 Raymond)

File No.
Registered No. 5678.
St. Ward)

2. FULL NAME

(a) Residence, No. 5029 Cabernet St. 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-7-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>5</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer..... not employed

9. BIRTHPLACE (CITY OR TOWN)..... Sweet Springs
(STATE OR COUNTRY)..... Mo

10. NAME OF FATHER James B Crawford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amanda Patterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Ohio
(STATE OR COUNTRY)

14. INFORMANT H. L. Crawford
(Address) 5029 Cabernet Ave

15. FILED 12 1938 W. J. Starkey
19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-10 1930

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 4:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
94B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Coronary Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner M.D.

6/11 1930 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL..... DATE OF BURIAL.....

Ballou 6-13-1930

20. UNDERTAKER..... ADDRESS.....

Alexander Louis 6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

